

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) A32212-PCT-USA										
	In re Application of Petersen et al.											
	Application Number	09/914,175	Filed 08/24/2001									
	For BONE MARROW TRANSPLANTATION * see attached											
	Group Art Unit tba	Examiner tba										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="width: 10%; text-align: right;">\$ 110</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p style="margin-top: 10px;"> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>55</u>. </p> <p> <input type="checkbox"/> A check in the amount of the fee is enclosed. </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </p> <p> <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. </p> <p> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-4377</u>. </p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). </p> <p> <input checked="" type="checkbox"/> attorney or agent of record. </p> <p> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____. </p> <p style="margin-top: 10px;"> WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. </p> <p style="margin-top: 10px;"> February 20, 2002 _____ Date </p> <p style="margin-top: 10px;"> PTO Reg. No.: 41,328 _____ _____ </p> <p style="margin-top: 10px;"> Carmella L. Stephens _____ Typed or printed name </p> <p style="margin-top: 10px;"> NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. </p> <p style="margin-top: 10px;"> <input type="checkbox"/> Total of _____ forms are submitted. </p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____											

Title: BONE MARROW TRANSPLANTATION FOR HEPATIC REGENERATION AND REPAIR

Use Space Below for Additional Information: